

United States Bankruptcy Court District of Idaho Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724		PROOF OF CLAIM THIS SPACE IF FOR COURT USE ONLY UNITED STATES COURTS DISTRICT OF IDAHO AUG 4 - 1998 M. REC'D LOGGED FILED <i>[Signature]</i>
Name of Debtor: COMMUNITY HOME HEALTH INC	Case Number: 98-02141	
Chapter: _____ Trustee: _____ Proof of claim form and all supporting documents must be filed in DUPLICATE on Chapter 12 and 13 cases		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. §503		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Linda L. Prusynski 10385 W. ROCKWOOD ST BOISE 83704	<input checked="" type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope.	
Account or other number by which identifies debtor: Employee # 514	Check here if this claim: <input type="checkbox"/> Replaces <input checked="" type="checkbox"/> Amends a previously filed claim dated: 7/2/98 <i>know exact amount new</i>	
1. Basis for Claim <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Other (please describe): _____ <input checked="" type="checkbox"/> Wages, Salaries and compensation: Your Social Security Number: <u>510645602</u> <input type="checkbox"/> Unpaid Compensation for services performed from <u>June 1, 1998</u> (date) to <u>June 30, 1998</u> (date)		
2. Date debt was incurred: <u>June 1998</u>	3. If court Judgment, date obtained: _____	
4. SECURED CLAIM <input type="checkbox"/> Check box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time the case was filed included in secured claim, if any: \$ _____	5. UNSECURED PRIORITY CLAIM <input checked="" type="checkbox"/> Check box if you have an unsecured priority claim Amount entitled to priority \$ <u>693.97</u> SPECIFY PRIORITY OF CLAIM: <input checked="" type="checkbox"/> Wages, Salaries, or commissions (up to \$4000)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3)) <input type="checkbox"/> Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4)) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507 (a)(6)) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7)) <input type="checkbox"/> Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8)) <input type="checkbox"/> Other - Specify applicable paragraph of (11 U.S.C. § 507 (a)()) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED UNSECURED \$ <u>693.97</u> SECURED \$ _____ PRIORITY \$ _____ TOTAL \$ <u>693.97</u> <input type="checkbox"/> Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, please explain. If the documents are voluminous, attach a summary. 9. Date Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
DATE <u>8-2-98</u>	Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>Linda L. Prusynski</i>	
Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571		

 95
 R